

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/486012</div>	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		1					54						
5		1					55						
6		2					56						
7		1					57						
8		1					58						
9		1					59						
10	1						60						
11		1					61						
12		2					62						
13		1					63						
14		2					64						
15		1					65						
16		2					66						
17		1					67						
18	1						68						
19	1						69						
20							70						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1		1		TOTAL IND.	1		1		1	
TOTAL DEP.	1		1		1		TOTAL DEP.	1		1		1	
TOTAL CLAIMS	2		2		2		TOTAL CLAIMS	2		2		2	